

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 6-5-01, 7-2-01 and 7-23-01.
- b. The request was received on 6-24-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

No Response was noted from the Respondent in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 7-17-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). No response was noted from the Respondent in the dispute packet. The "No Response Submitted Sheet" is submitted as Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from the Table of Disputed Services.

"Work status report was completed in accordance to Rule 129.5.
Supporting documentation was submitted with the initial and the request for reconsideration for 60 minutes of therapeutic exercises not 30 minutes. Session was pre-authorized...
E/M office visit for the evaluation and management of the patient's compensable injury..."
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 6-5-01, 7-2-01, and 7-23-01.
2. The Carrier has denied the disputed dates of service as reflected on the EOB as, “F 73 – F – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5”; “F – COD1 – F T N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE’S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED”; “F COPY – RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
6-5-01 6-5-01 7-2-01 7-23-01 7-23-01	99080-RR-73 97110 99080-RR-73 99213 99080-RR-73	\$15.00 \$140.00 \$15.00 \$50.00 \$15.00	\$-0- \$70.00 \$-0- \$-0- \$-0-	F 73 FCOD1 F73 F COPY F73	DOP \$35.00 per 15 minute unit DOP \$48.00 DOP	Rule 133.307 (g) (3) (B)	When determining whether or not reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. Commission Rule 133.307 (g) (3) (B) requires, “a copy of any pertinent medical records or other documents relevant to the fee dispute.” No medical documentation was noted in the dispute packet to support the services billed. Therefore, no additional reimbursement is recommended.
Totals		\$235.00	\$70.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 26th day of November 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division
LL/ll